

ORIGINAL FILE COPY

Is your RETN

6. Signature (Agent)

PS Form 3811, December 1991 94A GPO: 1989-282714

DOMESTIC RETURN RECEIPT

Michael W. Hamm
10263 Whispering Forest Drive, #1310
Jacksonville FL 32257-8642

X Certified

ed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, and 4a, b, c.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requester" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

961503

4a. Article Number:

97-0012

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

Insured

COD

Return Receipt for Merchandise

Delivery 1/24/92

Address (Only if requested paid)

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
00929 JAN 24 5
FPSC-RECORDS/REPORTING